QUARTERLY REPORT
January - March 2012

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Acronyms

APPS	Political Parties Health Agreement
CIES	Social and Economic Research Consortium
CIGS	Intergovernmental Health Committee
DGSP	MOH Persons-Health General Directorate
HHR	Health Human Resources
HN	Health Network
IT	Information Technology
MCH	Maternal and Child Health
MEF	Ministry of Economics and Finance
MIDIS	Ministry of Social Development and Inclusion
MOH	Ministry of Health
NDI	National Democratic Institute
OGEI	MOH Statistics and Informatics General Office
OGPP	MOH Planning and Budgeting General Office
OGRH	Human Resources General Office
PAHO	Pan American Health Organization
PAIMNI	Regional Program to Improve Child Nutrition
PAN	Results Based Budget Articulated Nutrition Program
PEAS	Health Insurance Essential Plan
PMI	Health Investment Multiannual Plan
PpR	MEF Results Based Budget
RG	Regional Government
RHD	Regional Health Directorate
SIGA	MEF Integrated System for Management
SIS	Public Health Insurance
SMN	Results Based Budget Maternal Health Program
UE	Budgeting Unit
USAID	United States of America Agency for International Development

Executive Summary

USAID/Peru, through the Health Policy Reform Project, seeks to strengthen five components of the health system: Governance, Financing, Health Information, Human Resources and Medical Products, ensuring that the necessary policies and policy-related capacities to sustain health reform are in place by the end of a 5-year effort. The aim is to promote substantial improvements particularly within primary care.

During the first quarter of 2012, the Project held a technical meeting with MOH Vice Minister, main advisors and main MOH areas: Persons-Health General Directorate (DGSP), Procurement of Strategic Resources Directorate (DARES), Human Resources Development General Directorate (DGRH), Human Resources General Office (OGRH), Statistics and Informatics General Office (OGEI), Planning and Budgeting General Office (OGPP), and Decentralization Office (DO) to define the specific technical assistance of the Project thru June 30. Main collaboration areas are described below:

Collaboration areas between the MOH and USAID/Politicas en Salud	
Strengthening monitoring and evaluation of decentralization	In order to strengthen inter-governmental relations, the project would provide technical assistance to the MOH Office Decentralization for development and validation of the MED II oriented to outcome indicators and impact.
	Additionally, the project will provide opportunities for dialogue on the roles of local governments in the health sector (including the case of Metropolitan Lima)
Implementation of "functional networks" and public investment to increase resolution capacity of health facilities	To help raise the response capacity of public health, the project will participate in the working group formed by the MOH for the development of instruments and their application in relation to: • Investment requirements (UPSS) and financial estimate • Requirements for additional human resources consistent with the investment needs • Schemes of health services organization
Organization of sub-national bodies	In order to explore new ways of organizing sub-national bodies, the project will carry out a rapid assessment of the experience of Sub-Provincial Managers of Huancavelica.
Decentralized management of health priorities: PAIMNI in San Martin	In order to strengthen sub-national management, the project will systematize the process of identifying constraints to regional management of the health priority to reduce malnutrition and provide recommendations to the MOH for the lifting of such restrictions.
Strengthening public insurance	In order to strengthen the public insurance, the project will provide technical assistance to the MOH and the SIS to complete the review of the benefit plan, its costing and financial estimates.
	Additionally, in coordination with SIS the Project will update the application ASEGURA and train SIS staff in its use.
Strengthening health financing	In order to strengthen the health sector budget programming, the project will systematize the 2012 budget process and propose recommendations to improve the OGPP process to formulate 2013 budget
	To contribute to strengthening the health sector financing, the project will develop technical recommendations for the regulation of the Financing Act.

Collaboration areas between the MOH and USAID/Politicas en Salud	
Strengthening the information system in support of health provision	In order to institutionalize the system of information "GalenHos" the project will provide the software to OGEI and, according to the requirements of OGEI, train technical personnel designated to implement GalenHos in public health.
Strengthening human resources decentralized management	In order to improve the decentralized management of human resources, the project would provide assistance to the Directorate General for Management and Human Resources Development and the Office of Human Resources for the strengthening of the regional units of HR management and development processes for network managers, respectively.

Other close working relationships and coordination at the national level were also reinitiated with the Ministry of Economics and Finance (MEF) and the Ministry of Social Development and Inclusion (MIDIS).

Under the Governance component, during this quarter, the Project finished the technical assistance to the Health Agreement Political Parties (APPS) after 7 years of technical assistance, and concluded the agreements with Huanuco and Apurimac where the Project was providing long distance assistance. At the regional level, the technical assistance during this quarter was focused in identifying the constraints that limit the effectiveness of the Regional Program to Improve Child Nutrition (PAIMNI) in San Martin, as well as the design and implementation of longitudinal monitoring of the cohort of pregnant women and new born who will receive effective interventions by 2012. Other activities addressed the strengthening of a core team of professionals in charge of the provision of effective interventions.

Within the Financing component, the Project finished the review and consistency of the Health Insurance Essential Plan (PEAS), completing 100% of the revision. This revision is consolidated in a handbook which includes the clinical variants, medical procedures and drugs related to the 140 medical conditions of the PEAS. At the request of the MOH, the Project articulated the Multiannual Investment Plan (PMI) methodology with the strategy that is defining strategic health facilities in 10 Regions. Based in the PMI, some MOH parameters were also updated, as the portfolio of health services, the cadre of health services production units (UPSS) and the medical procedures. Final estimations of the investment needs in San Martin to implement the regional program for the reduction of chronic malnutrition were already presented and being used to negotiate with MEF additional funds to improve health infrastructure.

In the area of health information systems (HIS), the implementation of GalenHos software for the 1st level of care that was initiated in the last quarter of 2011 continued in San Martin and Ayacucho. In Ayacucho, it has already been installed in 10 health facilities of Huamanga network and the Hospitals of Huanta and San Miguel, and in San Martin in 38 health facilities. Key staff of these facilities are receiving continues on site training and supervision. Regarding the definition of key interoperability standards, initial contacts started with MIDIS in order to develop specific exchange routines regarding patient identification.

The Project´s work in health human resources (HHR) showed important progress in implementing the methodology of calculation of requirements and needs of human resources for the primary care level, based on potential demand. Important results on the gaps of HHR were presented in Ayacucho and San Martin. Other main achievement is the approval of the proposed salary scale methodology and results in Ayacucho and Ucayali

Finally, the Logistic component activities were centered in the regions of Ayacucho, San Martín and Ucayali. In the first two, the technical assistance prioritized the processes of estimating needs of pharmaceutical products and medical supplies, purchase implementation and management of procurement processes.

1. Progress

During this period, the Project trained and/or provided technical assistance to 760 participants who attended to our workshops and technical meetings (Table 1). The training activities that launched the regional program for the reduction of chronic malnutrition in San Martin concentrated the largest percentage of participants, followed by the training an implementation of GalenHos for the first level of care in Ayacucho and San Martin. More specialized activities were organized under financing, human resources and medical products & supplies systems, which were mainly set thru technical workshops addressed to regional health officials.

Table1: Number of participants to technical and training activities per Project Component

Region	Number of participants			Percentage
	Women	Men	Total	
Governance	35	85	120	16%
Malnutrition reduction program	130	87	217	29%
Financing	49	43	92	12%
Information	18	106	124	16%
Human Resources	38	44	82	11%
Medical supplies	57	68	125	16%
Total	327	433	760	100%
Percentage	43%	57%	100%	

There is a slight balance in the gender composition of participants, with a 57% presence of men and 43% of women. This is related with the gender employment ratios in some health management positions –high management, human resources and logistics- that favor men against women.

Project activities were mainly implemented at the regional level, with 84% of the total number of participants (Table 2). The largest number of participants was concentrated in San Martin where the Project focused the activities of the five components, under the regional strategy for the reduction of chronic malnutrition.

Table2: Number of participants to technical and training activities per Region

Region	Number of participants			Percentage
	Women	Men	Total	
Ayacucho	61	161	222	29%

San Martín	142	129	271	36%
Ucayali	92	57	149	20%
Other regions	32	86	118	16%
Total	327	433	760	

1.1 Health Sector Governance

Strengthen and expand decentralization of the health sector

1.1.1 Health sector issues have been debated publicly in the political transition at the national and regional level

In the quarter January-March 2012 the project has been dedicated to culminate the technical support to the Political Parties Health Agreement (APPS), after 7 years of support and facilitation developed by USAID / PERU through different projects.

The Project developed with the new APPS Coordinating Committee elected at the end of the previous quarter, a work plan for 2012 and a preliminary agenda through a virtual consultation with the different political groups. Based in the recommendations of the systematization the proposal contains 4 lines of work:

- **Closing the cycle 2010/2012.** To present the agreements for Non Transmissible Diseases and Decentralization in Metropolitan Lima.
- **Renewal / confirmation of party representatives in the APPS.** Political groups must refresh or confirm their team of representatives by showing their interest in the space and strengthening the representation with a team of at least three technical members.
- **A new cycle of political dialogue.** This was confirmed in the plenary meetings of November and January.
- **Sustainability of the space.** The systematization of APPS clearly showed the need to devise a strategy for sustainability to ensure the financial resources to carry out the actions and the technical support in specialized areas, such as facilitating the dialogue and processing information to build political consensus.

The presentation of the political agreements on Non Transmissible Diseases and Decentralization in Metropolitan Lima was done in a public act with the representatives of the Municipality of Metropolitan Lima and the National Accord[1].

In parallel the highest authorities of the political parties have been naming their team of representatives, and currently 7 groups have appointed their teams. In this same period

[1] A consensus building instance of political parties and civil society organizations installed more than 10 years ago.

there was a plenary session to identify a preliminary list of discussion topics for 2012, to be confirmed next quarter.

Finally, to close the technical assistance, the Project made the documentary transference to the Coordinating Committee, including both physical and electronic versions, documents and technical presentations made since 2005, video and photographic records.

1.1.2 The Intergovernmental Health Committee (CIGS) has agreed on, approved and is implementing a health agenda

The technical assistance to the Intergovernmental Health Committee (CIGS) is in standby until new advances related with the decentralization process are defined by the health authority this year. During the period, the Project attended one extraordinary meeting convened for January 25th 2012, with an agenda focused on human resources management. The subjects raised were mainly the regional transference of the SERUMS (rural civil service) management and the medical specialization education.

The systematization of the CIGS' organization and functioning during the last years is being prepared by the Project.

1.1.3 The MOH has designed and validated a decentralized management model for key national health priorities, including family planning and reproductive health

The first activity in the quarter was the technical meeting with the authorities of San Martin to present a balance of activities under the technical assistance plan, which is summarized in the following table in terms of the stages, the description of activities and the documents drawn up to December 2011.

Table3: Technical Assistance Stages of the Project in San Martin

TA Stages	Date	Description of activities	Documents Drawn
1. Definition of strategy and budget of intervention.	Jan- Mar 2011	Selection of effective interventions and strategy.	TA Plan, Spectrum Guide
		Impact measurement	
	Apr- Jul 2011	Prioritization of districts	Costs and budget study
		Estimation of costs and budget of effective interventions.	
2. Operation design	Aug. 2011	Quick assessment of health services in terms of procedures performed in relation to the Effective Interventions	Methodology to estimate additional human resource requirements
		Estimation of gaps (human resources and micronutrients)	
	Sep. 2011	Development of operation basic manual of the health component of PAIMNI and operational guidelines of procedures in relation to Effective Interventions.	Basic guidelines of operations of the health component of PAIMNI

3. Design of management tools.	Oct. 2011	Evaluation of Effective Interventions funding for the financing management.	Regional Participatory Plan funding PIA Assessment 2012
	Nov-11	Clinical training in implementation of the Effective Interventions.	Operational Guidelines for the implementation of Effective Interventions validated
	Dec-11	Validation of the operational guidelines of the procedures in relation to Effective Interventions.	

The technical assistance during this quarter was focused in identifying the constraints that limit the effectiveness of the Regional Program to Improve Child Nutrition (PAIMNI) in San Martin.

Additionally, the region requested Project technical assistance for the design and implementation of longitudinal monitoring of the cohort of pregnant women and new born who will receive effective interventions by 2012. Other activities addressed the strengthening of a core team of professionals in charge of the provision of effective interventions, and also the identification of gaps such as the required equipment and the availability of supplies and key medicine products for service delivery, with the attributes that make effective an intervention.

Review of operational guidelines for effective interventions application

While the previous quarter ended with the presentation of the Operational Guidelines validated in a clinical training workshop, the Regional Health Directorate (RHD) requested an additional technical meeting held in Moyobamba for a final review of the guidelines in order to generate the local regulations for its implementation in services.

Identification of restrictions to the decentralized management of a health priority

To identify the restrictions that limit the effectiveness of the PAINMI in San Martin, the Project explored methodological tools that allow orderly and logical identification of restrictions, and with the support of an outside consultant, applied a systemic approach with emphasis in the Theory of Constraints (TOC). The methodology of the study results are presented in Appendix 1.

The methodology was enlightening developed as a new way to understand health services in terms of support to the behavior of the mother's experience of protecting the child from the risk of malnutrition. To support the theoretical exercise, it was necessary to conduct the following validation and feedback activities:

a) Workshop with the staff of the micro networks to validate the constraints identified as part of the exercise applied to PAINMI. The exercise of identifying restrictions developed with the core team was presented to services staff as part of a workshop held in Moyobamba on February 9th. Participants were the head of the micro network, the responsible for child health and the responsible for maternal health who formed 4 working groups to review and validate the key attributes identified and to prioritize those that are indispensable for an optimal design.

b) Technical meeting to present the results of the workshop with micro networks service staff to the PAIMNI managers in the Regional Government, the RHD Director and his management team. After defining a list of restrictions, they were categorized either as internal restrictions (likely to propose solutions within the framework of the regional authority) and external (whose solution is beyond the scope of the regional authority).

c) Technical meeting between the Regional Government (RG) authorities and the Ministry of Social Development and Inclusion (MIDIS). Recognizing the relationship and interdependence of the RG with the national authority to implement decentralized management, and the interdependence between different actors within a territory, the MIDIS was identified as a key actor to channel and make arrangements to address some external constraints, such as the information systems of social policy beneficiaries.

d) Qualitative study of pregnant women and mothers perception in relation to service provision of effective interventions. The process of identifying restrictions has made it clear that it is important to know the perspective of the mother to make services more effective in their role of supporting healthy practices, such as the demand and use of health services. For this purpose, a qualitative study was carried out and fieldwork was conducted in February through five focus groups with mothers and health personnel. To date there is a preliminary report under review.

e) Participation in the visit of MIDIS authorities to San Martin. In compliance with the agreements of the technical meeting of January 17th, the region presented a list of external constraints to decentralized management and a joint effort for progressive lifting. Appendix 2 presents the collaboration agreement between the Region and MIDIS.

Proposed Logic Model of PAIMNI

The region required the Project technical assistance for the design of the logical model supporting PAIMNI, to be included in the technical document for funding request to USAID. It was elaborated with the RG and RHD authorities and was approved by regional authorities and USAID representatives and partners in February 16th in Moyobamba.

Extending San Martin`s experience to Ucayali region

During this quarter, the Project technical assistance in Ucayali was addressed to define a plan for the implementation of effective interventions to reduce child malnutrition, similar as the one designed for San Martin (Appendix 3). Based in the rapid diagnosis conducted in late 2011, the plan was presented on February 1st to the RG authorities, including the RHD Director and the Social Development manager. The tasks arising from this meeting were:

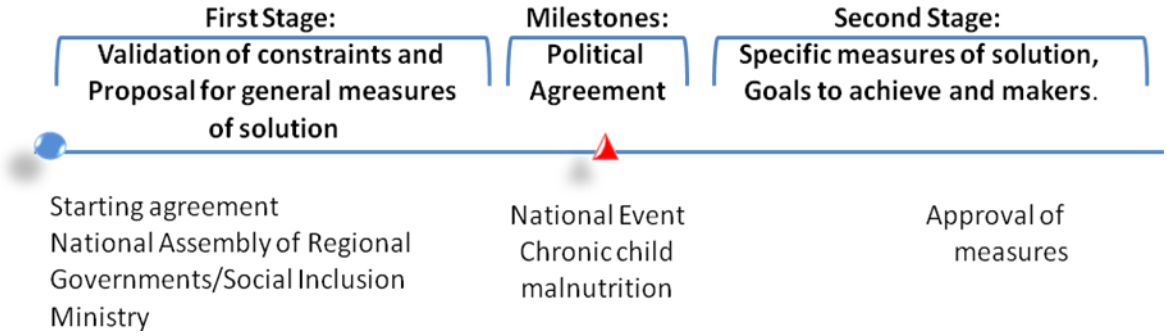
a) Estimation of the density index of human resources in priority districts for the implementation of effective interventions
b) Estimated total and unit costs for the implementation of effective interventions
c) Evaluation of the available budget to implement effective interventions based in the analysis of the regional Initial Budget (PIA 2012)

A qualitative study of the perception of pregnant women and mothers regarding service delivery was also carried. At this point, the field work is completed and the report of results is being prepared.

Agreement of the National Assembly of Regional Governments (ANGR) and MIDIS to overcome restrictions

To implement the agreements on restrictions that limit the regional management of child malnutrition, the presidency of the ANGR requested the technical assistance of the Project to develop an **agenda of constraints and an initial proposal of solutions**. For this purpose, the Project developed a plan which was approved by the ANGR, to develop an agenda in consultation with experts from regional and national governments.

This plan has two main stages. The first one, aimed at setting the agenda that concludes with a political agreement between the national government and regional governments, will be first reviewed and approved by the plenary of the ANGR. The second stage is focused on developing specific measures to lift the restrictions found as indicated in the chart below.



The consultation process started the current quarter through meetings with regional experts. The first one took place in La Libertad, with the participation of the management team of the Regional Offices of Health, Social Development and Planning. For the next quarter it is planned similar sessions in Ayacucho, Piura and Amazonas. There will also be a technical meeting with national and regional experts to validate the original proposal of constraints and solutions.

1.1.4 Regional Health Directorate (RHD) and health networks in one priority region have been reorganized and modernized to carry out their new functions under decentralization

The project has programmed a rapid assessment of the unique country experience of the Sub-regional Managements at province level developed since 2010 in Huancavelica, which have the responsibility of the administration of all sectorial units incumbent of services provision at local level. This activity has been coordinated with USAID Pro Decentralization project, for a collaborative work. During this quarter, the component has elaborated the methodological framework. The field work will take place on April.

Additionally, the component is elaborating a version of PROCAP Index, a tool for indexing NGO performance, capacity and sustainability, developed by the project Strengthening

Health Outcomes through the Private Sector Project (SHOPS). This new version will be focused in the assessment of public Health Network's functioning.

In **San Martin**, the new RHD director has asked to the project for technical assistance in the organization and strengthening of its Health Networks, which Organizational By-law was approved in October 3rd 2011. Although, he wants to introduce some adjustments in its organizational design, until now has not specified those changes. The project is waiting for these precisions to begin its technical assistance on this subject.

In **Huánuco**, the project received from its RHD a request of technical assistance aimed at: a) Revise the RHD organizational By-law; b) Organize its Health Networks and Micro Networks; c) Give a technical opinion of the new Health Networks and Micro Networks delimitation approved by the Regional Government.

During this quarter the Project completed the technical report of the rapid RHD institutional diagnosis, which information was gathered in November 2011. This report was delivered to the RHD, and presented and discussed during a special meeting held on January 19th at Huanuco with the RHD management team. This report identified the main RHD institutional problems, its solving alternatives and project's recommendation (Appendix 4). Additionally, it defines the range of project's technical assistance: a) Revise of the RHD organizational By-law; b) technical assistance in the organization of its Health Networks and Micro Networks.

As a consequence, the project prepared a technical report of the analysis of the new RHD organizational By-law (Appendix 5). This report has the purpose of identifying specific adjustment recommendations aimed at the simplification and adaptation of the RHD organizational By-law for the better accomplishment of its institutional goals, but maintaining the RHD basic organizational structure and formulating a better functions identification of RHD organizational units. A preliminary version of this report was presented and discussed with the RHD management team in a meeting held on January 25th 2012 at Huanuco. On the basis of this debate, a final version of the report was sent to the RHD director on February 21st 2012.

Another activity was the technical assistance in the organization of its Health Networks and Micro Networks. There were two meetings, the first held on January 19th and the second on January 26th and 27th 2012, aimed at introducing to the incumbent RHD officers in the methodology of Micro Health Networks delimitation. The RHD decided to organize eleven Health Networks at provincial level, which share the administrative support of four budget management units in the region.

Regrettably, the project had to cancel all activities in Huanuco, because of project budget constraints.

1.2 Health Sector Financing and Insurance

Improve health coverage of poor and vulnerable populations

1.2.1 The MOH has revised the clinical content and standard costing of the Health insurance essential plan (PEAS), so as to ensure gradual increase in health coverage ensuring appropriate coverage of MCH, FP/RH, HIV/AIDS and TB related health services

During this quarter, the Project reviewed the consistency of the clinical variants of the Health Insurance Essential Plan (PEAS). To this end, the Project carried out technical meetings with MOH Persons-Health General Directorate (DGSP) staff to identify alternatives of clinical management schemes for each health condition of PEAS. There were a total of 140 PEAS conditions reviewed and edited. The clinical variants of the PEAS which were validated and revised sum 1377 clinical variants.

According to the above, the Project was concentrated on the development of the revised manual of PEAS, especially the clinical variants. Additionally, this manual of clinical variants is presented in a compact disc in an interactive version to visualize each health condition, the set of clinical variants related to this condition and medical procedures and drugs related to them.

We have also reviewed medical procedures related to the level of care for health in each of the clinical variants, which will be very helpful for the estimation of potential demand used in the multiyear health investment planning. The review and validation of all clinical variables and medical procedures incorporated in the PEAS is a key input for the development of investment planning. The planning is based on this information to estimate both the potential demand for services and gaps in supply. Therefore, it is required to have clinical variants defined to estimate the coefficient of use of each of the medical procedures included in the PEAS. This is the next step in the Project technical assistance.

This work completes 100% of the revision. It only remains the editing and publication of the documents.

Ensure efficiency and equity in health resource allocation

1.2.2 Regional plan for improved management of health financial flows has been approved and is being implemented in one region

During this quarter, the Project reviewed the proposal for funding flows (budget execution & programming) elaborated for San Martin, which was presented and discussed with the RHD authorities and health networks. After processing the feedback gathered at the Region, the Project developed the scheme of financial flows to be submitted to the RHD for approval.

The real improvement in the budgetary management requires improving budget system interaction with other administrative systems. Therefore, the proposal includes the interaction between flows of budget programming and budget execution. The development of a proposal for financing flows is part of the objective to strengthen RHD leadership in the process of planning and budget execution of the different budgeting units (health networks and hospitals), in order to better target public spending to regional health outcomes. The

project is providing technical assistance to the region to find and develop mechanisms to reach this objective, recognizing the set of constraints derived from national norms.

In this regard, the component is also assuming direct coordination with the General Directorate of Budget at the Ministry of Economy (MEF) to facilitate technical dialogue between the national government and regions to explore options for improving budget programming which is then translated into an improvement of the quality of public spending.

During this quarter, the component focused the analysis of the level of execution in the products and activities related to the strategic programs in health. The analysis showed the levels of performance and spending on products and activities of the strategic programs, and a review of the adequacy of the tools proposed by MEF, such as SIGA-PpR or Cubes of Information.

Finally, the component organized its technical assistance to address 2012 budget execution with the additional resources provided by the MEF and the alignment of policy objectives of health priorities.

1.2.3 RHD in one priority region has formulated multiyear health investment plan (PMI)

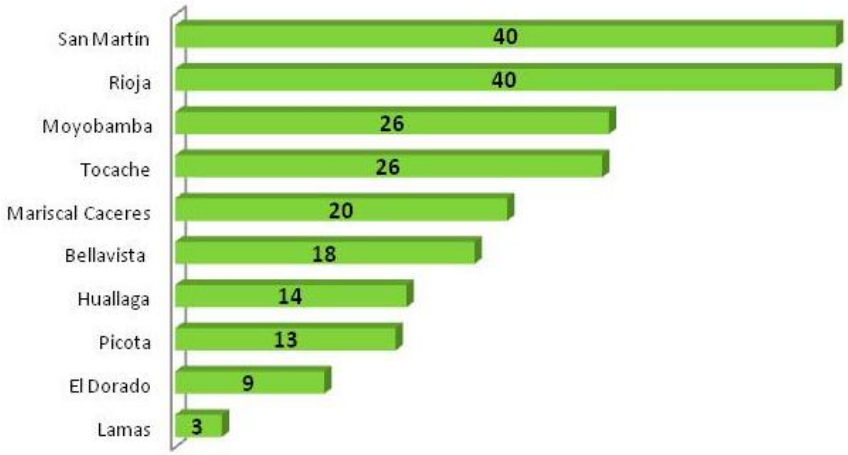
The project continued providing technical assistance to the MOH in implementing the multi-year investment planning methodology adopted by RM 577-2011 in the region of San Martin.

Another line of the project has been to establish points of contact between the MOH and the MEF in order to promote the modernization of the rules of SNIP for the health sector; and to maintain these decision parameters using the PMI. In this regard, the Project conducted a working session between MOH and MEF to present the first results from the application of PMI in San Martin and thus identify the adjustments to the current rules of SNIP.

As part of the implementation of PMI in the public sector, this year we started adapting some parameters of PMI, in light of the current government strategy to strengthen health services in intermediate level, called "strategic facilities". At the request of the Ministry of Health, we have provided technical assistance in updating some parameters of PMI as 1) Portfolio of health services, 2) UPSS portfolio, 3) Portfolio of medical procedures. Following this, in February we reviewed the contents of the investment needs of thirty-two strategic facilities selected by the San Martin RHD with technical assistance from the MOH.

One of the main products resulting of the application of PMI in San Martin was the estimation of budgeting needs in order to improve the health facilities for the next five years. The total amount of that estimation rises to 207 millions of new soles, which represents 41 million annually. The increased requirements are associated with existing health facilities (79 million). The major new requirements are aimed at intermediate services in urban areas (142 million). The requirements in rural areas amounted to 130 million.

Budgeting needs identified by PMI in San Martin



That budget is being actually discussed between MEF and San Martin RG.

1.3 Health Information

The capacity of public health facilities providers to collect, analyze, and use data has been strengthened in six regions

During the first quarter of 2012 the implementation process initiated in the last quarter of 2011 has continued in San Martin and Ayacucho. As expected, the first phase of the training has been concluded in Ayacucho. Regarding the definition of key interoperability standards, initial contacts have been started with MIDIS in order to develop specific exchange routines regarding patient identification. Coordination with the MOH has been slowed down due to the addition of coordination and authorization levels –at the Vice Minister Office- previous to any technical meeting with the MOH staff. This new coordination formula has adversely affected planned meetings of the project with OGEI, SUNASA, SIS and INS.

1.3.1 National data quality standards are established and improved

Following the approval of the Decree that approves HL7 as interoperability standard across the health sector, the project has continued its work with the IT Committee of the National Health Council, specifically advocating for the definition of an implementation plan for 2012. Although technical activities with the MOH have been delayed due to additional coordination processes (generated on the MOH's side), this has not stopped looking after the definition of a first set of interoperability standards, since a new stakeholder has been identified for this purpose. Specifically MIDIS has shown interest in collecting selected patient information for the implementation of a longitudinal nutritional follow-up of children under 3 years old. In particular, nourishment status is considered relevant for this office, since it serves as a key indicator of the effectiveness of social programs focused on poor populations.

However an important issue that will have to be addressed in this piece of work is related to privacy. Since the Peruvian Constitution protects the confidentiality of personal information pertaining to every citizen, safeguards will have to be established in order to provide relevant information for the national level without compromising the secrecy of personal

information. On the other hand, relevant information for the local provider, both at the health facility and at the local social programs' level will have to include personal identification, in order to facilitate the generation of inter-sectoral synergies that provide benefit to the service user.

On the other hand, the project has continued advocating for the definition of a national interoperability implementation plan. These activities have been focused in the National Health Council, specifically at the IT specialized committee. However, new coordination arrangements established by the Vice Minister Office have prevented the attendance to sessions scheduled in March. It seems likely that the continuation of these coordination arrangements will delay or even represent a significant constraint in the advance of this point of the agenda.

Although initial meetings with the Catholic University showed initial promise in the perspective of having a pilot on the development of an imaging interoperability standard, the work has not advanced further due to resource restrictions on the university side. As a consequence, the project started looking after potential funding sources for this purpose. On an initial basis the Cajamarca RG and its Office for Social Development has shown interest in funding this development, as part of the agreement assumed with the project under GalenHos implementation process. However, this potential will be directly dependant on the availability of digital imaging equipment to be installed in the new Regional Hospital. If the imaging technology is analogical rather than digital, there will be no space for further IT developments in this component. This will have to be assessed and confirmed next quarter.

1.3.2 Regional plans for improved collection, analysis, dissemination and use of information by health micro networks have been approved and implemented in three regions

Regional plans execution has continued in Ayacucho and San Martin, having GalenHos Primary Care as a pivotal role within the modernization process of their health information systems.

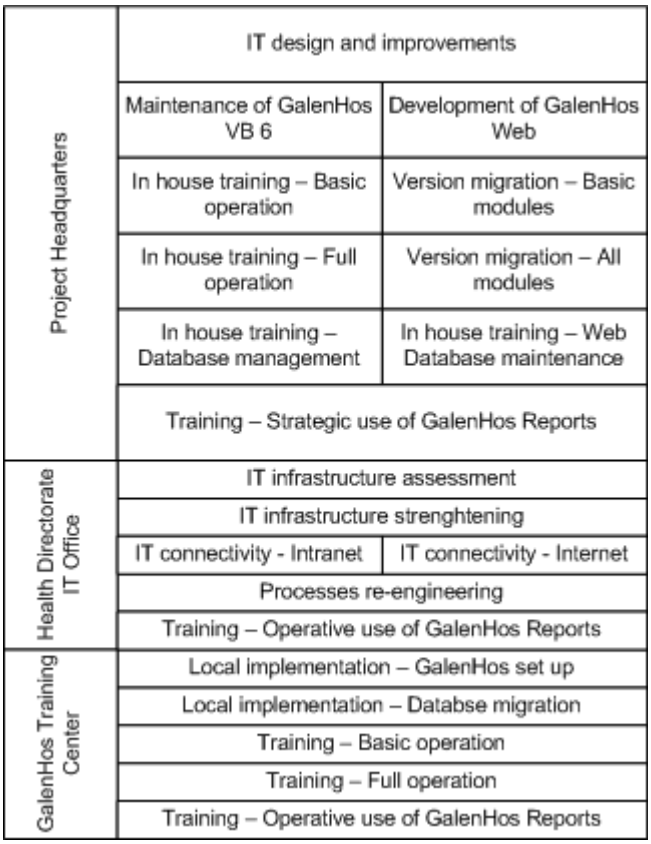
In Ayacucho, regional authorities have continued providing support on the implementation of GalenHos – Primary Care, and the agenda has advanced in the installation and data entry for the basic module of GalenHos. In particular, the strategy chosen by the regional government has been the emphasizing of the implementation in local hospitals. For instance, Huanta's network has prioritized the acquisition of three servers deploying them in its local hospitals, which in turn, will serve as training centers for GalenHos.

This choice has been made based on the impending closure of the on-site project activities in the next quarter. Through this strategy it is envisaged that there will be at least three local training centers for the continuation of the implementation process in the coming months. These training centers will serve to reinforce the off-site remote assistance that will be provided through the IT technical team to this region. In this way the implementation team for Ayacucho will comprise: a) IT staff from the project, b) IT and operations staff from the regional government and c) local operators from expert training centers.

As shown in figure 1, responsibilities will be the following: The project's staff will be in charge of bringing in house training to implementing teams in Ayacucho, for GalenHos in its basic

version, full version and in the web version, when available. After this, the project's staff will provide remote technical assistance both to the RHD IT Office and to GalenHos Training Centers. The implementing team at the RHD will assume the role of providing technical recommendations for the strengthening of the IT infrastructure, both at the network level and at the health facility level. Furthermore, the IT office at the RHD will provide technical orientation on the strategic use of GalenHos reports directed towards the best use of provider's information generated. In its turn, GalenHos training centers, besides the information given for the installation, configuration and operational use of GalenHos, will assume the role of providing useful insights regarding the best use of operative reports to be generated by GalenHos. As an example, using the identification of sectors with under-coverage of antenatal control, more intensive home visits can be planned and executed so as to maintain low the risk for adverse obstetric outcomes.

Figure 1. Expected roles to be assumed by the project and its regional counterparts regarding the implementation of GalenHos.



In San Martin, implementation activities have comprised the data entry of patients' information into GalenHos' database. From the 38 micro-networks that have received training in GalenHos operation, 10 are ready for passing to the full implementation. For this purpose a training session has been executed this quarter, and it is expected that full implementation will be observed in at least 3 facilities during next quarter. It is also important to mention that a visit was executed to San Martin in order to assess if there were any sort

of incompatibilities between GalenHos and SIP2000 regarding the resources required for their regular functioning. Since IT and human resources are scarce at the primary care facilities, an enquiry from the RHD was made in order to prevent any inefficient use of resources. From the visit, it was evident that operational conflict is not present, due to the different users of each application. However, there is a potential for making more efficient the data entry to SIP2000. For this purpose the project has offered the generation of a dataset to be exported from GalenHos, if there is a confirmatory request made by the Health Quality Project (which should be aligned with the MOH's indication).

Other regions with which technical assistance continued to be provided are Huánuco, Cusco, La Libertad, Tumbes and Cajamarca.

Regarding Huánuco, the implementation of the basic modules of GalenHos continues, specifically the data entry of patients information into GalenHos' database. This process is associated with the depuration of duplicated clinical files.

In Cusco, remote assistance has been provided to Kimbiri health facility, although there has not been further advance beyond the implementation of the basic modules of GalenHos.

In a Libertad, a proposal has been prepared by Belen's Hospital in order to update the GalenHos version implemented at this facility. Training sessions to the IT staff from this hospital will start next quarter.

In Tumbes, the formal launching of GalenHos has been set to the first week of April. In this case, a full operation is expected to be under production, since all the preparatory steps have been closely coordinated with the local IT staff. It has to be mentioned that the Tumbes Regional Government has asked the implementation of GalenHos in all its facilities. An answer indicating the limitations of the project's resources and the possibility of replicating the work plan set with Ayacucho has been sent to this Regional Health Directorate.

In Cajamarca, preparatory activities have finished and GalenHos is now under full operation in the Regional Hospital. Operation of GalenHos is going as expected, and the project is providing remote assistance to the IT local staff.

1.4 Health Workforce

Support the design and implementation of a broad-based system for planning and managing the health workforce to ensure competency of workers in the health sector.

1.4.1 Dialogue between experts and policy makers to design civil service policies in the health sector

During this quarter the Project participated in the two MOH meetings regarding HHR, the Macro Region Sur and the CIGS. In these meetings, the MOH explained aspects of staffing and work patterns in human resources, identifying critical problems; however no solutions were proposed. The main agreements were (a) to transfer the management of SERUMS to the Regional Governments, (b) to formulate a proposal to strengthen the National System of Medical Specialty, and (c) to standardize financial incentives of officials at the regional level

The discussion of civil service policies has not been high on the policy agenda. Although, it is expected that it is introduced in the agenda of APPS. If so, the project would provide them information about the state of the art and regarding the perceptions and needs of human resources who are working in areas within the project.

1.4.2 Design and validation of a broad based system for planning health workforce has taken place in one region

During this quarter, the project presented to the new authorities of the MOH Human Resources Directorate, the progress in implementing the methodology of calculation of requirements of human resources for the primary care level, based on potential demand. At this meeting it became clear the need to have an index that adapt the calculations according to the level of rurality of the district where is located the health facility. Specific budget of this Directorate will be use to cover both the core team travels to the regions to provide technical assistance and training workshops; but the studies shall be funded by the Project.

In this sense, the project in coordination with the MOH Office of Statistics and Informatics is conducting a study to obtain the rurality index of all districts nationwide, and define an index that adjusts the productivity, according to the level of rurality, for each micro-network. For this purpose, a factorial analysis was used with 13 indicators already proved in San Martín Region, plus a new indicator related to rural population. To calculate the index for adjustment productivity, the MOH has provided the database of the Health Information System (HIS 2009).

In the next trimester, the project will train central and regional teams in the methodology and the use of databases to update calculations.

In ***Ayacucho,*** we performed 2 technical meetings with the management team to review and analyze the information to calculate requirements and needs of health human resources. Data was collected only up to the level of networks, so calculations have been done to this level. With the preliminary results at the network level, we analyzed:

a) The Gap: by comparing the difference between current and required staffing levels, to identify the network that are relatively understaffed or overstaffed.

b) The WISN ratio: as a proxy measure, in order to assess the work pressure that health workers experience in their daily work in a health facility.

c) The availability of HHR: through the ratio of professionals per 10,000 inhabitants, dividing the current number of each type of staff by the total population of the network.

Main results are presented graphically in Appendix 6. They show that the major gaps are in doctors especially in Huamanga network. There are overstaffing in midwives in all the networks. Nurses shows both overstaffing as understaffing. The goal established for developing countries is to reach at least 25 professionals per 10000 inhabitants, and all the Ayacucho networks have less than 25. But Huamanga, Huanta and San Miguel have less than the RHD ratio. This indicator shows problems in the current distribution of HR

With these results, we discussed a set of strategies to be gradually covering the gap. We worked with them the implementation of "task shifting". Preliminary results of task shifting show that at the operational level where the scarcity of physicians is high, nurses and midwives are performing some medical procedures; besides, in Ayacucho there are team work between nurses and midwives, who are sharing procedures that have traditionally belonged to only one of them.

This practice of task shifting allowed varying the results obtained previously, with these important effects: (i) Reduce the number of hours considered for doctors and nurses, (ii) Increase the number of hours for midwives. After task shifting, the gap in nurses and midwives has changed. Now, some networks have gap in midwives instead of a large over staffing; and fewer networks have overstaffing. This is evidence that the redistribution of tasks with the "task shifting" allows more efficient use of resources.

For the next quarter, we will analyze data at the micro network level.

Since the activities in ***Ucayali*** will be implemented until June, in this quarter, we developed a technical meeting with the management team in order to have them understand the methodology for estimating the HHR gap for primary care, identify the need of reliable information, identify the need to estimate the actual workload more accurately and objectively as possible, and apply the methodology according to the type of decisions they have to take.

The main questions between the regional team members were about the official information of the population assigned to each health facility, and the updated information on the current allocation of human resources. The other question was related to distribution of the workload. With these questions we visited the Health Center Nuevo Paraíso (CLAS which operates 24 hours and is located in peri-urban area) and found that the demand is so high that they have no time for other activities, despite having a biologist, laboratory technician performs laboratory analysis, the biologist is employed only for controlling metaxenic diseases, doctors have the main gap, there is little extramural work, the dentist trained technicians in the application of fluoride, a technician works as a social worker in the health promotion team.

With some adjustments, we applied the methodology and made some preliminary calculations, which showed that Ucayali needs to improve the quality of the information so they can have results that will allow them to make decisions. On the other hand, analysis of the current staffing has enabled them to know they have problems in the allocation of human resources at the network level.

In ***San Martín***, the project supported the management team in the estimation of human resources for new investments in its 5 strategic hospitals. As part of the implementation of the Multi-Year Investment Plan (PMI), and according to the strategy of the MOH to strengthen selected facilities named “strategic facilities”, new Services Production Units (UPS) were defined with their respective procedures; for these procedures, the investment in human resources was calculated in each of the selected strategic facilities.

Both the methodology and calculations were presented to the management team of San Martín RHD and this information was part of the regional requirements presented during the visit of a Congressional Commission. San Martín selected 5 hospitals and 26 health facilities to improve with new infrastructure and equipment to perform new procedures.

In Appendix 7, we can see the distribution of new HHR requirements for the total 32 hospitals and health centers, and the results of the preliminary calculations taking into account only new HHR requirements for new UPS.

1.4.3 Development of job competencies profiles for health managers and systems for evaluation of competencies and supervision designed and validated in one region.

During this quarter, the project worked at the regional level in three main processes: (a) competency profiles, (b) fair and equitable pay scale, and (c) selection process.

In ***Ayacucho***, there was a technical meeting to review progress to date in developing the design of the *competency profile* for human resources management and agreed to have the structure of the document "Dictionary of competencies for human resource management" and the timetable to define performance standards (knowledge and critical skills) and tools for evaluation for selected competencies.

Related to a *fair and equitable pay scale*, the management team defined the need to ensure that staff recruited in 2012 receives fair and equitable remuneration, that hired staff feels motivated and valued for working in areas of extreme poverty, toretain hired staff in their jobs for at least one year and to unify wages of hired workers under any source of funding.

They defined the following criteria:

Criteria	Grade A	Grade B	Grade C
Occupational Group	Doctor	Health professional except doctor	Technician
Level of development: Rurality	Rural jungle	Rural mountain	Urban mountain
Preference: Distance from DIRESA to the health facility	More than 10 hrs	4 to 10 hrs	Less than 4 hrs
HR availability: Ratio doctors / 10,000 inhabitants	Less than 2.54	2.55 - 3.80	More than 3.8

According to the criteria and weights defined by the team, we estimated the salary ranges for each occupational group in each of the MR. These calculations were presented to management team of all networks and micro networks, who proposed some adjustments. Technical assistance was provided to design a directive. And finally, taking into account the agreements with networks and MR, on February 10 two directives were approved (Appendix 8): the Regional Directive No. 001-2012-GRA/GG-GRDS-DIRESA-DEGRRHH approving the "Salary for health personnel hired by CAS in primary care", and the Regional Directive No. 002-2012-GRA/GG-GRDS-DIRESA-DEGRRHH approving the "Salary for health personnel hired by CAS on the second level of care"

To date the policy is being fulfilled in the selection process convened by the networks. In the next quarter, the project will support in monitoring the implementation of this directive, to make adjustments as necessary.

In ***Ucayali***, we developed a technical meeting with management team of the RHD. We present the conceptual framework of a *salary scale* inside a competency- based human resource management system.

The criteria defined with the management team were:

Criteria	Grade A	Grade B	Grade C
Occupational Group	Doctor	Health professional except doctor	Technician
Level of development: Cost of living	High: Gasoline costs 35 dollars per gallon (e.g. Purus)	Intermediate: Gasoline costs 14 dollars per gallon (e.g. Atalaya)	Low: Gasoline costs 9 dollars per gallon (e.g. Pucallpa)
Level of urbanity	Rural: Does not have basic services (e.g. Bolognesi)	Peri urban: 50% have basic services (e.g. Campoverde)	Urban: More than 70% with basic services (e.g. 9 de October)
Accessibility: Transport to go to health facility	Air only: Only comes airway (e.g. Purus)	Mixed: Air and river (e.g. Atalaya)	Land (e.g. Aguaytia)

With these criteria and their respective weights, a salary scale was defined, for each of the micro networks. This salary scale was applied in the recruitment and selection process in some networks.

In the next quarter, we will provide technical assistance to define and approve a directive, and monitor its implementation. On the other hand, to improve selection process, the management team asked for technical assistance to define competence profile for the basic health team in the primary level of care.

In ***San Martin***, as part of the implementation of the regional Program to improve the Child Nutrition (PAIMNI), the project analyzed the current status of recruitment for this initiative. In this regard, in 2011 San Martín determined the requirement (in place and number), to hire 99 professionals (doctors, nurses and midwives). Each Budgeting Unit (UE) was responsible for the recruitment of such staff. There is no formal request to the UE and Networks for the recruitment program, so that compliance is subject to the initiative of the Head of the UE.

On the other hand, the RHD does not have access to specific information about the level of compliance by the UE regarding their indications. In addition, the per diem for monitoring visits do not have enough budgets. Currently, there are debts belonging to the last year for reimbursement of expenses incurred by employees.

But despite having a budget and attractive salaries to work in difficult places, health professionals prefer not to answer the call, or when they reach a vacancy, quit due to lack of minimum conditions for housing, particularly lack of basic services and lack of communication (telephone, cable or internet).

The project gave the RHD a report of this visit with a set of recommendations.

1.5 Medical Products, Vaccines and Technologies

Improve capacities and policies at the national and regional levels to ensure that medical products, vaccines, contraceptives and supplies are procured, stored, transported and in stock at facilities according to established logistics

Activities during the first quarter of 2012 focused on continuing the work programs agreed with the regional health authorities where the medical products component involved providing technical assistance.

In San Martin, the activities were aimed at the validation and implementation of the processes manual. This was developed with the involvement of health networks, under the direction and conduct of the RHD from the first quarter of 2011.

In Ayacucho it was developed a work plan with the RHD, where the priority was to strengthen its processes for the estimation of needs, scheduling and procurement.

In Ucayali, it continued on technical assistance to implement regional procurement processes of pharmaceuticals and medical supplies, set off in October 2011. Additionally it has been requested to influence the procedures and flows related to budget execution. Following this request, we worked with the RHD and in coordination with health networks - executing units, for the development, validation and documentation of the process of contractual performance and flows of ratings and budget cancellations between budgeting units.

1.5.1 Design and validation of the methodology to plan and forecast needs for pharmaceuticals and supplies in one region

The component made its intervention in three regions (Ayacucho, San Martin and Ucayali), providing technical assistance to its regional health networks.

In Ayacucho, we worked with the Director of medicines in developing a methodology to estimate their needs for medicines and supplies, noting their regional health priorities and the actual requirements of health services providers. For this, the proposal set out to estimate the actual requirements gap instead to be mainly based on historical consumption. Thus it was necessary to convene several meetings with representatives of networks and micro health networks, including: Responsible for medicines, responsible for health strategies, responsible for laboratories, physicians, nurses and obstetricians.

An additional element is that the Ayacucho RHD signed a capitation agreement with public health insurance (SIS), which it is obliged to comply with a series of goals, to receive a greater transfer of financial resources. One of these goals is related to increase preventive /promotion services. As developing the methodology to forecast their needs this factor was noted.

In Ucayali, the methodological approach was designed to meet health priorities (maternal mortality, child malnutrition and dengue), consolidate the requirements of its three networks-implementing units, and try to estimate the magnitude of the needs gap (between actual consumption and reported through the SISMED).

As in Ayacucho, several meetings were held with officials of health strategies, providers, medicine makers and public insurance.

Having the methodology designed and socialized, it was established the first regional shopping list, which allowed to make decisions on the implementation of budgetary resources to meet demand. The important point is that this implied that the officials of the the RHD and Budgeting Units understand that they should allocate at least 70% of SIS reimbursements to sustain the calculated gap. The rule indicates to replace 100% of the medicine products and supplies consumed (currently around 40% rebate), if the delivery points are stocked out, it implies that the gap between supply and demand could never be covered.

In San Martin, within the implementation of the processes manual for the logistics of medicine products and supplies, it has been initiated workshops to develop and implement a methodology to estimate needs to participate in the corporate purchase in 2012 and also to implement regional purchase.

In all three cases methodological guidelines were developed, so that these processes could be formalized and institutionalized at the RHD.

1.5.2 Regional plan to improve drug logistics system to ensure the quality and availability of pharmaceuticals has been approved and is being implemented in one region

Plans for improvement in logistics processes were also worked in the three regions where the component is intervening.

In San Martin, it was initiated the process to formalize the manual through regional directive, to achieve its institutionalization at the health networks. It has also been worked the estimation process for shopping needs, which ended in a methodological guide.

In Ayacucho and Ucayali, it has been developed plans to improve the processes of needs assessment and implementation of its procurement processes, in articulation with budgetary flows. In both regions, plans were developed in coordination with all relevant areas of the RHD (Planning, Administration, Human Health, etc.), health networks, and in the case of Ucayali it was able to count on with the active participation of the RG Social Development Division and the Planning and Budget Office. An important issue is that the improvement strategies were planned overall, but the specific plans was taking shape as far as it was advancing the execution of each process (needs assessment, implementation of the procurement process and budgetary flows).

2. Results Reporting Table

Project Components, Activities and Sub-Activities	Qr 1 -2012	Monitoreo 21/02
Health Governance		
Health sector issues have been debated publicly in the political transition at the national level		
Los representantes de los partidos políticos mantienen espacio de diálogo de salud	1	
Central		
Acompañamiento al Comité Coordinador del APPS		Completed
Facilitación del espacio de diálogo en sesiones del pleno		Completed
Presentación de acuerdos sobre ENT y Descentralización de Lima Metropolitana		Completed
Policy brief sobre sistematización del APPS		Completed
Elaboracion de metodología de construcción de consensos políticos		Cancelled
The intergovernmental health coordination body has agreed on, approved and is implementing a health agenda		
El MINSA y DIRESA toman acuerdos en el marco de la CIGS		
Central		
AT al MINSA y DIRESA para facilitar acuerdos en la CIGS		Canceled
Facilitacion de espacio de fortalecimiento gerencial de Directores de DIRESA		Canceled
Sistematizacion de la coordinacion intergubernamental en salud		Intermediate
The MoH has designed and validated a decentralized management model for key national health priorities, including family planning and reproductive health		
Actores claves analizan enfoque de gestión descentralizada; dos GR diseñan e inician implementación de programas de reducción de DCI		
Central		
Desarrollar una guía de un taller para el uso del software SPECTRUM en el diseño de un programa de nutrición		Completed
Desarrollar una guía metodológica para la gestión descentralizada de un programa de reducción de la desnutrición en la niñez		Completed
Marco conceptual del modelo de gestion descentralizada		Completed
Material de capacitación clínica para la implementación de IE		Completed
San Martin		
Estudio cualitativo de la percepción de las gestantes y madres en relación a la implementación de las IE		Completed

Validacion del enfoque de la gestion descentralizada de prioridades sanitarias con gerentes y prestadores		Completed
Ucayali		
AT para definir un plan de implementación de las IE para la reducción de la DCI		Completed
Estudio de la percepción de las gestantes y madres en relación a la implementación de las IE		Completed
Regional Health Directorate and health networks have been reorganized and modernized to carry out their new functions under decentralization		
Tres DIRESA efectúan cambios organizacionales en concordancia con las funciones transferidas		
Huánuco		
Informe sobre análisis del ROF de la DIRESA		Completed
Health Insurance and Financing		
The MoH has revised the clinical content and standard costing of the Essential Health Insurance Plan (PEAS), so as to ensure gradual increase in health coverage ensuring appropriate coverage of MCH, FP/RH, HIV/AIDS and TB related health services		
El MINSA (DGSP, SIS) reconoce la actualización del PEAS y sustenta la metodología seguida		
Central		
Elaboración de versión final de la revisión del PEAS (1377 variantes, manual y base Excel)		Advanced
Elaboracion de estimacion de coeficientes de uso de 258 procedimientos medicos		Not initiated
RHD in one priority region has formulated multiyear health investment plan		
El MINSA y MEF promueven la implementacion del PMI a nivel regional; dos regiones priorizan inversiones en salud con base en PMI		
Central		
AT al MNSA para la revision de la Guia Metodologica del PMI		Intermediate
Elaboración de normas técnicas de parámetros de infraestructura y equipamiento para I y II nivel para DGIEM		Intermediate
Desarrollo del aplicativo del PMI (incluye manuales)		Intermediate
San Martin		
Taller de priorización de inversiones		Completed
Elaboracion del documento del Plan Multianual regional		Completed
Regional plan for improved management of health financial flows has been approved and is being implemented		
El MINSA y dos regiones validan propuesta de mejoras de los procesos de programacion y ejecución del PporR		
Central		
Sistematizacion del proceso de programacion presupuestal (PporR 2012) (SMT y Ucayali)		Initial
AT al MINSA (DGSP y OGPP) para programacion presupuestal 2013		Cancelled

AT al MINSA (OGPP) para la revision del programa estratégico Protección en Salud		Canceled
San Martin		
AT para elaboración y seguimiento de Directiva para la programacion y ejecución presupuestal		Advanced
Health Information		
Implementation of the health provider information system GalenHos in primary health care facilities in 2 regions		
Responsables de MR y Redes en 2 regiones monitorean la generacion de la información de sus servicios para la toma de decisión referidas a prioridades sanitarias		
Ayacucho		
AT para el monitoreo del proceso de soporte técnico al funcionamiento de GalenHos en el Primer Nivel		Completed
AT para el monitoreo del proceso de fortalecimiento de la infraestructura informática		Completed
AT para el monitoreo del proceso de fortalecimiento de la conectividad el Primer Nivel		Completed
Talleres I de capacitación en el manejo de GalenHos (módulos básicos)		Completed
Talleres II de capacitación en el manejo de GalenHos (módulos de ayuda al diagnóstico, farmacia, facturación)		Completed
Reuniones para la difusión a actores claves regionales de avances realizados en el sistema de información		Completed
San Martin		
AT para el monitoreo del proceso de soporte técnico al funcionamiento de GalenHos en el Primer Nivel		Completed
AT para el monitoreo del proceso de fortalecimiento de la infraestructura informática		Completed
AT para el monitoreo del proceso de fortalecimiento de la conectividad el Primer Nivel		Completed
Talleres I de capacitación en el manejo de GalenHos (módulos básicos)		Completed
Talleres II de capacitación en el manejo de GalenHos (módulos de ayuda al diagnóstico, farmacia, facturación)		Completed
Reuniones para la difusión a actores claves regionales de avances realizados en el sistema de información		Completed
Consolidate the implementation of the health privider information system GalenHos in 7 public hospitals		
Directores de 4 hospitales monitorean la generacion de la información de sus servicios para la toma de decisión gerencial		
Central		
Mantenimiento de blog de capacitación GalenHos		Completed
Desarrollo de rutina de prescripción de medicamentos en módulo de consulta ambulatoria		Completed
Elaboración de propuesta de estándar de interoperabilidad en imágenes		Completed
Ayacucho		
Actualización de GalenHos a la versión reciente		Completed
Monitoreo del funcionamiento de GalenHos y mantenimiento		Completed

Cajamarca		
Capacitación a usuarios finales de GalenHos		Completed
Migración de base de datos preexistentes a GalenHos		Completed
Monitoreo del funcionamiento de GalenHos y mantenimiento		Completed
Huánuco		
Capacitación a usuarios finales de GalenHos		Completed
Migración de base de datos preexistentes a GalenHos		Completed
Monitoreo del funcionamiento de GalenHos y mantenimiento		Completed
San Martin (Tarapoto)		
Capacitación de usuarios finales de GalenHos		Completed
Instalación de módulos de imágenes, internamiento, emergencia y facturación		Completed
Monitoreo del funcionamiento de GalenHos y mantenimiento		Completed
Tumbes		
Monitoreo del funcionamiento de GalenHos y mantenimiento		Completed
Health Workforce		
Diseño y validación de estrategias para cubrir la brecha de RHUS en el primer nivel de atención desarrolladas en 2 regiones.		
Responsables de redes en 2 regiones determinan brecha de RRHH para el primer nivel de atención		
Ayacucho		
AT a la DIRESA para el desarrollo del estudio de índice de ruralidad para Ayacucho		Intermediate
Reuniones técnicas con equipo técnico de la DIRESA para definir, recolectar y analizar la informacion necesaria para calcular la brecha de RHUS para el primer nivel de atencion		Advanced
San Martin		
Talleres de trabajo con equipos técnicos de DIRESA y redes para calcular la brecha de RHUS para el primer nivel de atención y analizar los reportes del módulo de RRHH de ASEGURA		Initial
Implementación de procesos críticos del sistema de gestión de recursos humanos basado en competencias en 3 regiones		
DIRESA en 3 regiones aplican el enfoque de competencias en procesos criticos en la gestion del RRHH		
Ayacucho		
Reuniones técnicas para el fortalecimiento de capacidades en gestión de recursos humanos al equipo técnico de la Oficina de Recursos de la DIRESA y redes		Advanced

Reuniones técnicas con la Oficina de RHUS de la DIRESA para definir el perfil de competencias para la gestión de recursos humanos y diseñar el respectivo diccionario de competencias		Advanced
Reuniones técnicas con la DIRESA para analizar y aprobar una directiva de escala salarial para personal contratado por CAS		Completed
Ucayali		
Reuniones técnicas con la DIRESA para analizar y aprobar una directiva de escala salarial para personal contratado por CAS		Completed
Medical Products, Vaccines and Technologies		
Development and implementation of regional action plans to improve the availability of pharmaceuticals		
Tres regiones ejecutan procesos de adquisición en forma estandarizada (etapa: girado)		
San Martin		
AT para revisión de manual de procesos logísticos para el abastecimiento de productos farmacéuticos		Completed
Ucayali		
AT para elaborar manual de flujos y procesos en DIRESA y en Unidades Ejecutoras		Advanced
Design of a regional system to plan and forecast pharmaceutical needs		
Dos regiones ejecutan procesos de estimacion de necesidades de medicamentos e insumos criticos		
Ayacucho		
Talleres para elaborar y validar manual para la estimación de necesidades de productos farmacéuticos		Completed
AT a DIRESA y Redes para implementar manual para la estimación de productos farmacéuticos		Completed
Ucayali		
Talleres para elaborar y validar manual para la estimación de necesidades de productos farmacéuticos		Completed
AT a DIRESA y Redes para implementar manual para la estimación de productos farmacéuticos		Completed

3. Planned Activities

During the next quarter, the Project shall continue with current activities until USAID approves a revised workplan, which includes:

1. MCH

- Provide technical assistance to the Regional Government of San Martin in the implementation of the regional program for the reduction of chronic malnutrition, systematizing the main strategies for overcoming external and internal restrictions to program operations.

- Provide technical assistance –on site and on line- to selected health networks in the use of GalenHos software for the first level of attention, focused in the use of software reports for the longitudinal follow up of newborns and infants to prevent the risk of falling in chronic malnutrition.

- Provide technical assistance to the Regional Government of San Martin in the implementation of the financial and managerial strategies for closing investment gaps to guarantee health facilities operational capacities to provide MCH and FP/RH services.

2. FP/RH

- Provide technical assistance to the Regional Government of San Martin in the implementation of the financial and managerial strategies for closing investment gaps to guarantee health facilities operational capacities to provide MCH and FP/RH services.

- Provide technical assistance to the Regional Government of San Martin in the implementation of selected human resources policies addressed to improve the allocation of health staff for the provision of MCH and FP/RH services.

- Provide technical assistance to the Regional Government of San Martin in the implementation of the financial and managerial strategies to guarantee the availability of medical products and supplies for the provision of MCH and FP/RH services.

- Systematize the information collected thru focus group with women users and non-users of MCH an FP/RH services to reduce barriers and improve access to health service provision.

3. Gender equality

- Continue the capacity building strategy addressed to the regional governments which includes the implementation of training workshops with gender equity considerations, to foster the participation of both men and women.

- Continue the project focus to improve financial and managerial strategies to guarantee health services provision which improves the access of poor women to health care services.

4. Health Systems strengthening

The project main objective is to strengthen the core functions of the health system, related to five outcomes:

- Outcome1: The MOH, regional and local authorities are operating in coordination under the decentralized health system by developing, implementing, and enforcing sound policies and regulations that are effectively implemented.
- Outcome 2: Peru has increased its public spending on health to achieve its health care coverage goals, and is funding health services to ensure efficiency and equity in the public health system.
- Outcome 3: The MOH, regions, and local health networks are generating and using accurate and timely information to manage the health system.
- Outcome 4: Policies for improved human resources management in the public health sector are implemented.

The main task during the period will be the systematization of the Project experience in the Region of San Martin, where the Project supported a complete package of intervention that involved the five core functions of a health system, combining the implementation of a new organization model of the region and a decentralized management model to support health interventions address to the reduction of chronic malnutrition, involving health networks and micro networks.

5. Sustainable institutional capacity development

• Systematization and dissemination at the regional levels of the methodological guidelines and tools for the implementation of a decentralized management model focused in a health priority, based in the experience of San Martin`s Program for the Reduction of Chronic Malnutrition. The systematization shall include the expected leverage of articulating the regional program with the social programs of MIDIS under “Crecer con Inclusiòn”. The dissemination strategy shall be based in the current intergovernmental settings, as the ANGR.

• Consolidation and dissemination at the regional levels of the methodological guidelines to improve budget programming and execution under the budget-for-results framework, in particular regarding nutrition and maternal and neonatal programs

• Consolidation and dissemination at the regional levels of the methodological guidelines and software for the elaboration of a multiannual investment plan addressed to close infrastructure and equipment gaps, articulated to the national MOH strategy of strengthening selected health facilities.

• Consolidation and dissemination at the regional levels of the methodological guidelines and software for the identification of human resources gaps, and the elaboration of regional plans to allocate health personnel for the first level, including competences based selection and retention strategies.

- Systematization of the strategies to scale up the implementation and use of GalenHos software for the first level of care. This shall include the key strategies to promote software reports to monitor the longitudinal follow up of newborns and infants to prevent the risk of falling in chronic malnutrition.

Appendix 1: Final Report of the implementation of TOC

Appendix 2: Collaboration Agreement between San Martin Region and the Ministry of Inclusion and Social Development

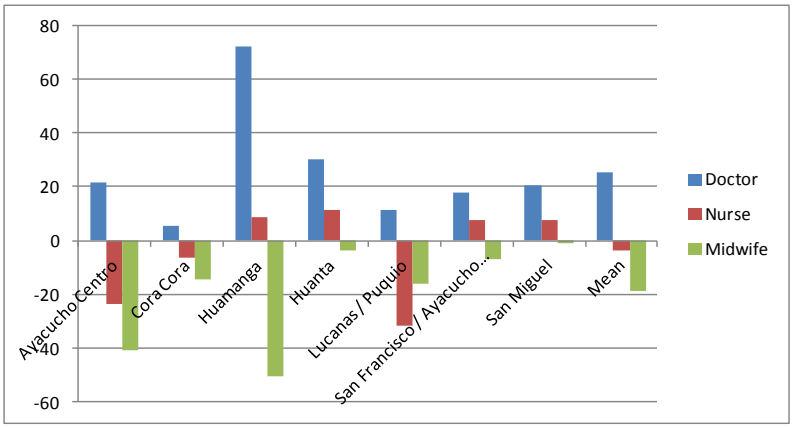
Appendix 3: Proposed Plan for the Reduction of Chronic Malnutrition in Ucayali

Appendix 4: Rapid Diagnosis of the Organization of Huanuco Regional Health Directorate

Appendix 5: Analysis of Huanuco Regional Health Directorate Organizational Bylaw

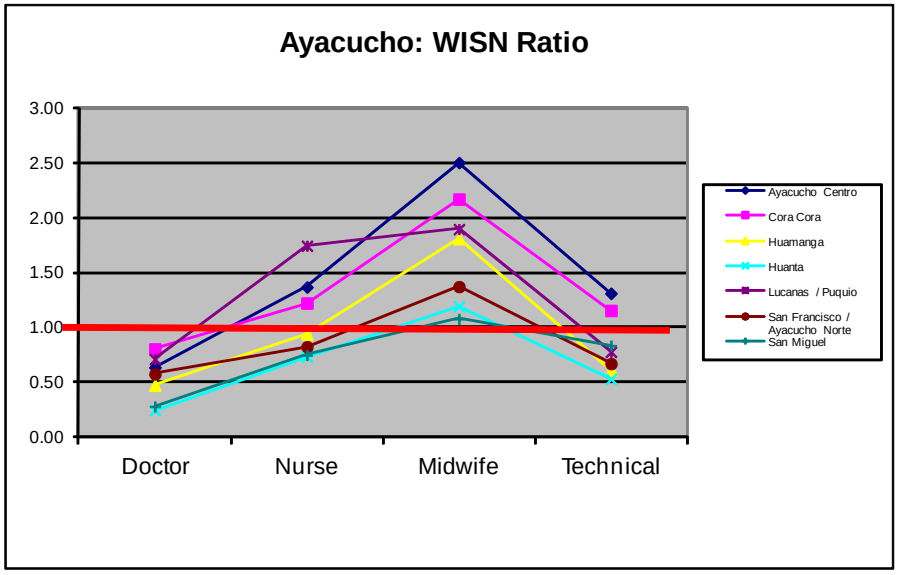
Appendix 6: Main Results of the Analysis of Human Resources Gap in Ayacucho

Ayacucho: Gap of HHR by network



The major gaps are in doctors especially in Huamanga network. There are overstaffing in midwives in all the networks. Nurses shows both overstaffing as understaffing.

Ayacucho: WISN ratio by network

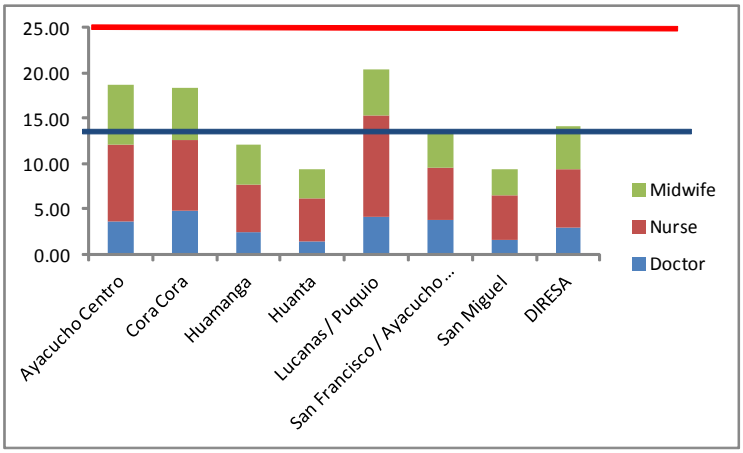


Doctors have WISN ratio less than one, it means insufficient.

Nurses are overstaffed in three networks

Midwives are overstaffed in all the networks.

Ayacucho: Avalilability of HHR by network

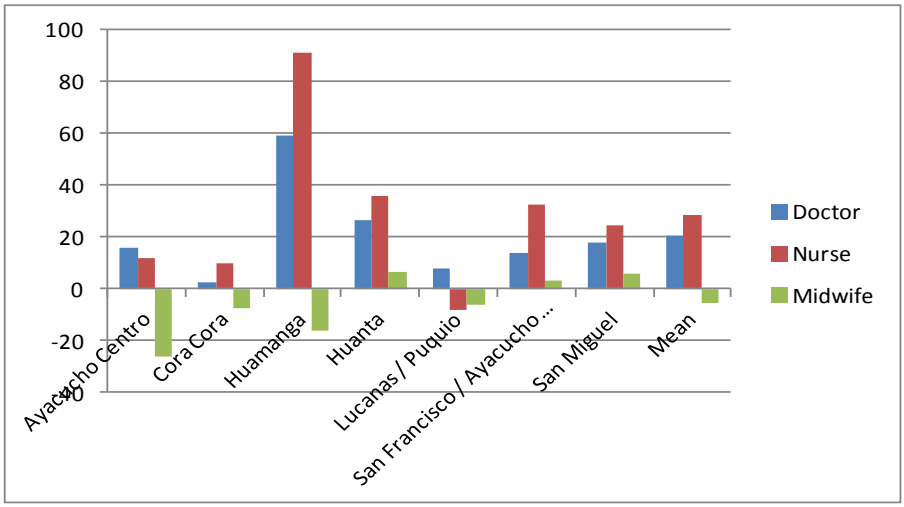


The goal established for developing countries is to reach at least 25 professionals per 10000 inhabitants (red line).

All the Ayacucho networks have less than 25. But Huamanga, Huanta and San Miguel have less than DIRESA ratio (blue line).

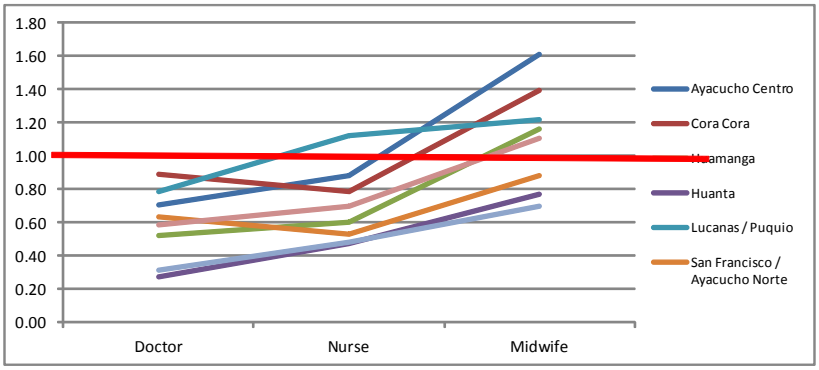
This indicator shows problems in the current distribution of HR.

Ayacucho: Gap of HHR by network after task shifting



After task shifting, the gap in nurses and midwives has changed. Now, some networks have gap in midwives instead of a large over staffing.

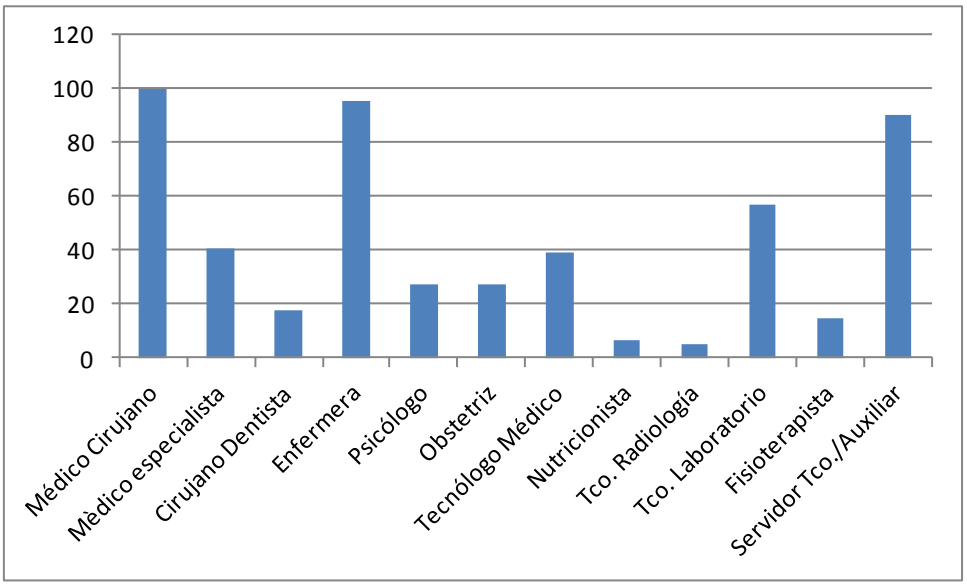
Ayacucho: WISN ratio by network after task shifting



Now, fewer networks have overstaffing. This is evidence that the redistribution of tasks with the "task shifting" allows more efficient use of resources.

Appendix 7: Estimated Human Resources Gap and investment needs in San Martin

San Martin Region Total HHR requirements for the 32 Strategic Facilities



Estimated investment of human resources for the new UPS of the 5 selected hospitals: San Martín Region.

Red	Población asignada y de referencia capa simple	Población de referencia capa compleja		Médico Cirujano	Mèdico especialista	Cirujano Dentista	Enfermera	Psicólogo	Obstetriz	Tecnólogo Médico	Nutricionista	Tco. Radiología	Tco. Laboratorio	Fisioterapista	Servidor Tco./Auxiliar	Total
Tocache - Hospital Tocache	48,281	67,991	RRHH necesarios SIN ajuste por ruralidad	0.7	11.3	4.2	9.8	0.1	7.2	7.3	0.2	2.0	7.1	3.8	15.4	69.1
			RRHH necesarios CON ajuste por ruralidad	0.8	13.8	5.1	11.9	0.2	8.8	8.9	0.2	2.4	8.6	4.7	18.8	84.2
			Presupuesto SIN ajuste	25,632.48	435,813.25	80,078.21	187,349.79	2,705.88	138,920.92	139,476.72	3,909.92	28,131.85	102,099.56	55,233.49	203,170.06	1,402,522.15
			Presupuesto CON ajuste	31,259.12	531,479.58	97,656.35	228,475.36	3,299.86	169,415.76	170,093.56	4,768.20	34,307.14	124,511.66	67,357.92	247,768.36	1,710,392.86
Huallaga - Hospital Saposoa	16,539	26,856	RRHH necesarios SIN ajuste por ruralidad	0.6	2.7	0.0	4.4	0.1	2.9	2.2	0.1	0.7	3.2	1.0	4.8	22.6
			RRHH necesarios CON ajuste por ruralidad	0.8	3.6	0.0	5.8	0.1	3.8	2.9	0.1	0.9	4.2	1.4	6.3	29.7
			Presupuesto SIN ajuste	22,609.57	103,802.34	0.00	84,028.35	1,068.81	55,119.00	42,492.85	1,544.39	9,592.05	46,383.94	14,859.94	63,006.09	444,507.33
			Presupuesto CON ajuste	29,749.44	136,582.02	0.00	110,563.61	1,406.32	72,525.00	55,911.65	2,032.10	12,621.12	61,031.50	19,552.55	82,902.75	584,878.07
Picota - Hospital Picota	25,366	29,519	RRHH necesarios SIN ajuste por ruralidad	0.2	1.3	0.0	9.3	0.1	3.5	1.2	0.1	0.0	0.0	1.6	4.7	21.9
			RRHH necesarios CON ajuste por ruralidad	0.2	1.8	0.0	13.3	0.1	5.0	1.7	0.2	0.0	0.0	2.2	6.7	31.2
			Presupuesto SIN ajuste	6,180.86	49,560.76	0.00	170,147.89	1,068.81	59,777.73	38,565.95	1,544.39	9,592.05	39,721.27	14,859.94	64,446.09	509,707.31
			Presupuesto CON ajuste	8,829.81	70,801.08	0.00	234,011.12	1,406.32	79,440.14	50,744.67	2,032.10	12,621.12	52,264.83	19,552.55	86,054.14	683,538.82
El Dorado Hospital San José de Sisa	22,512	32,802	RRHH necesarios SIN ajuste por ruralidad	0.2	2.6	0.0	4.3	0.1	2.7	1.3	0.1	0.0	0.0	1.3	4.0	16.7
			RRHH necesarios CON ajuste por ruralidad	0.3	3.8	0.0	6.3	0.1	3.9	2.0	0.2	0.1	0.0	2.0	5.9	24.5
			Presupuesto SIN ajuste	7,026.42	98,863.08	0.00	82,811.80	1,373.78	51,376.33	25,821.12	1,985.07	696.08	0.00	19,100.03	53,340.47	342,394.16
			Presupuesto CON ajuste	10,332.97	145,386.88	0.00	121,782.05	2,020.26	75,553.42	37,972.24	2,919.21	1,023.64	0.00	28,088.27	78,441.87	503,520.83
Rioja - Hospital Rioja	62,556	126,133	RRHH necesarios SIN ajuste por ruralidad	1.7	22.9	0.0	21.3	0.2	10.2	5.0	0.4	0.0	0.0	6.7	26.9	95.3
			RRHH necesarios CON ajuste por ruralidad	1.8	25.2	0.0	23.4	0.2	11.2	5.5	0.4	0.0	0.0	7.4	29.6	104.8
			Presupuesto SIN ajuste	64,024.55	880,365.54	0.00	408,660.26	3,557.82	195,807.53	96,846.06	6,855.63	0.00	0.00	96,846.06	355,585.21	2,108,548.67
			Presupuesto CON ajuste	70,356.65	967,434.66	0.00	449,077.21	3,909.70	215,173.11	106,424.25	7,533.66	0.00	0.00	106,424.25	390,752.98	2,317,086.45
DIRESA	**175,254**	**283,301**	**RRHH necesarios SIN ajuste por ruralidad**	**3.3**	**40.8**	**4.2**	**49.0**	**0.5**	**26.5**	**17.0**	**0.9**	**2.7**	**10.3**	**14.5**	**55.9**	**225.5**
			RRHH necesarios CON ajuste por ruralidad	**3.9**	**48.2**	**5.1**	**60.7**	**0.6**	**32.7**	**21.0**	**1.1**	**3.3**	**12.9**	**17.6**	**67.3**	**274.4**
			Presupuesto SIN ajuste	**125,474**	**2,746,130**	**80,078**	**941,139**	**9,914**	**508,441**	**327,037**	**16,623**	**38,420**	**148,483**	**208,440**	**737,349**	**4,709,804**
			Presupuesto CON ajuste	**150,528**	**3,215,817**	**97,656**	**1,164,596**	**12,362**	**628,691**	**402,403**	**20,579**	**47,952**	**185,543**	**253,424**	**888,791**	**5,704,209**

Estimated investment of human resources for the new UPS of the 26 selected health facilities in the primary health care: San Martín Region.

	Médico Cirujano	Mèdico especialista	Cirujano Dentista	Enfermera	Psicólogo	Obstetriz	Tecnólogo Médico	Nutricionista	Tco. Radiología	Tco. Laboratorio	Fisioterapista	Servidor Tco./Auxiliar	TOTAL
RRHH necesarios sin ajuste por ruralidad (A)	96.4	0.0	13.8	46.4	27.0	0.9	22.3	5.7	2.7	46.6	0.0	34.2	295.9
RRHH necesarios con ajuste por ruralidad (B)	110.4	0.0	17.2	54.1	31.1	1.0	26.1	6.8	3.2	54.8	0.0	41.4	346.0
Costo total para cubrir la inversión SIN ajuste	3,700,280	0	264,014	889,703	518,479	17,067	424,606	109,317	38,560	666,816	0	439,247	7,068,088
Costo total para cubrir la inversión CON ajuste	4,239,187	0	329,875	1,036,172	596,228	18,755	496,978	130,517	45,687	782,648	0	530,914	8,206,960

Appendix 8: Ayacucho Norms for the Definition of Health Personnel Salaries